



Idaho Snowmobile Association of Idaho

\$35.00 per year / per household

Name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Birth date: _____ Home Phone: _____

Family Members

| Name | Relationship | Birth Date |
|------|--------------|------------|
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Membership Category: New Membership Renewal New Address

Payment Method:

Check enclosed: **Please make checks payable to:**
Life Flight Network
2779 S. Liberty St.
Boise, ID 83709

Visa MasterCard Discover American Express Other

Credit Card Number

Expiration Date

Signature

Date

Memberships should be renewed on or before expiration date.

Life Flight Network Membership Benefits

As our way of saying thank you for your support, if you or any of your family members are transported by Life Flight Network, you will have no out-of-pocket expense. We will bill your insurance company and accept that payment as payment in full. If you do not have insurance, your membership covers all of Life Flight Network expenses.

Reciprocal partners include: Air St. Luke's, Meridian, ID, Wyoming Life Flight, Casper, WY, AirLink, Bend, OR, Care Flight, Reno, NV, Enloe Flight Care, Chico, CA, CalStar, Auburn, CA, AirLift Northwest, Seattle, WA, and Northwest MedStar, Spokane, WA.

Statement of Understanding

Please read the Statement of Understanding and sign below.

- 1) I understand Life Flight Network Membership Program benefits are for me, my spouse or (domestic partner) and dependents living with me (**under the age of 23**) whom I claim on my income tax return, listed on this form for the type of membership indicated.
- 2) I transfer, directly to Life Flight Network, my rights to air and ground medical insurance payments due me. Such payments shall not exceed Life Flight Network's regular charges. Life Flight Network will respond based on medical necessity. Except in cases of extreme remoteness, medical necessity must be determined by a health care professional or a third party recognized by Life Flight Network.
- 3) Life Flight Network will typically not respond further than a 150-mile radius from any of Life Flight Network's designated bases.
- 4) New member benefits take effect four business days after receipt of a completed application with payment. If a new member is hospitalized at time of application, member benefits do not start until two business days after discharge.
- 5) Life Flight Network membership fees are non-refundable and the membership is non-transferable.
- 6) I understand Life Flight Network Membership Program may be canceled at any time for any reason, including financial feasibility and governmental regulation of such programs.
- 7) I understand my membership is not an investment, and does not provide any form of financial security or any form of insurance to a spouse, domestic partner, dependent(s) or myself. I understand the primary purpose for my membership is to support Life Flight Network and local community emergency medical services. I specifically waive any and all rights, claims or causes of action against Life Flight Network and its employees and agents with respect to my Life Flight Network membership and the Life Flight Network Membership Program.
- 8) I understand the Life Flight Network Membership Program is not insurance.
- 9) I will not receive benefits if transported by an air ambulance company other than Life Flight Network or a reciprocating program. If transported by a reciprocating program, I will receive only the benefits offered by that program, which may vary from the Life Flight Network Program.
- 10) While every reasonable effort will be made, service cannot always be guaranteed due to weather conditions or commitment to another transport. The Life Flight Network Program does not provide benefits for ground ambulance transport other than the Life Flight Network ground ambulance.

AGREEMENT- I HAVE READ AND AGREE TO THE BENEFITS, TERMS AND CONDITIONS OF THE MEMBERSHIP PLAN AS DESCRIBED ABOVE. YOUR MEMBERSHIP CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.

Signature

Date